



Photograph

## MAYO HOSPITAL, LAHORE

BIODATA TO BE PROVIDED BY THE CANDIDATE FOR THE POST OF

### 1. SENIOR REGISTRAR (ANAESTHESIA) BS-18

Name \_\_\_\_\_ Father/Husband Name \_\_\_\_\_  
Age \_\_\_\_\_ Sex M/F Domicile \_\_\_\_\_ City \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_ N.I.C# \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Telephone No. Land line \_\_\_\_\_ Mobile # \_\_\_\_\_  
Marital Status \_\_\_\_\_ PMDC # \_\_\_\_\_ valid up to \_\_\_\_\_

ACADEMIC QUALIFICATION (ATTACHE ATTESTED PHOTOCOPIES TWO SETS)  
THE FOLLOWING PRESCRIBED PROFORMA MUST BE FILLED

Sr.No.	Qualification	Institute	Year of passing	%age of Marks Obtained	Copy attached/not attached
1	Matriculation				
2	F.S.c				
3	MBBS				
4	FCPS/MS/FRCS				

JOB EXPERIENCE.(ATTACHED PHOTOCOPIES).

Sr.#	JOB DESCRIPTION	INSTITUTE	FROM	To	Period in Years
1	House job Medicine Surgery				
2	Experience before Post-graduation				
3	Experience after Post-graduation				
	Research Paper/ publication if any.				

I am currently working as \_\_\_\_\_ at \_\_\_\_\_

The above information is correct and true to the best of my knowledge.

(Signature of the Candidate)